



2814

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

		Application No.	09/902,907
		Filing Date	July 10, 2001
		First Named Inventor	Brian D. Possley
		Art Unit	2814
		Examiner Name	Farahani, Dana
Total Number of Pages in This Submission	17	Attorney Docket Number	42390P6643C2

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	-return postcard - drawings are formal drawings that replace previous informal drawings
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Gregory D. Caldwell, Reg. No. 39,926 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 3, 2003

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Annie G. Pearson
Signature	
Date	October 3, 2003

Based on PTO/SB/21 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 09/11/2003.
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**EEI TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.
TOTAL AMOUNT OF PAYMENT	
(\$)	
0.00	

Complete if Known	
Application Number	09/902,907
Filing Date	July 10, 2001
First Named Inventor	Brian D. Possley
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Group/Art Unit	2814
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METHOD OF PAYMENT (*check all that apply*)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit
Account
Number 02-2666

Deposit
Account
Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner Is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="text"/>		
Independent Claims	<input type="text"/> - 20** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent	<input type="text"/> - 3 = <input type="text"/>	X <input type="text"/>	= <input type="text"/>

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over

SUBTOTAL (2) (\$)

* Backed by Basic Free Fee Paid

SUBTOTAL (3)

SUBMITTED BY

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Gregory D. Caldwell	Registration No. (Attorney/Agent)	39,926	Telephone (503) 684-6200
Signature			Date	10/03/03

Based on PTO/SB/17 (08-03) as modified by Blakely, Solokoff, Taylor & Zaffman (wlr) 08/11/2003.
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